

# Modification of Site Plan

TOWN OF LEDYARD  
APPLICATION FOR PLANNING & ZONING COMMISSION REVIEW

Application No. 23-1  
Receipt Date 2/7/23  
CAM Exempt?  Y  N

Date Submitted \_\_\_\_\_

Location of Work (street address) 740 Colonel Ledyard Hwy Zoning District LCDD

Is this property within 500 feet of another town? no CAM Zone?  Y  N

Existing Use commercial Tax Assessor's Map No. \_\_\_\_\_

• Please refer to the Zoning Regulations for assistance with application details.

Applicant/Agent Dieter & Gardner, Inc \* Signature 

Address PO Box 335 Gales Ferry, Ct. 06335 Telephone 860-464-7455

Owner (if different) Ledyard Center LLC

Address of Owner 80 industrial park access Middlefield CT 06455 Telephone 860 883 6161

**Proposal:\***

- |                                               |                                       |                                               |                                       |
|-----------------------------------------------|---------------------------------------|-----------------------------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> Site Plan | <input type="checkbox"/> Sign Permit  | <input type="checkbox"/> Regulation Change+   | <input type="checkbox"/> Zone Change+ |
| <input type="checkbox"/> Gravel Permit        | <input type="checkbox"/> Fill Permit  | <input type="checkbox"/> Flood Hazard Permit. | <input type="checkbox"/> CAM Permit   |
| <input type="checkbox"/> Special Permit+      | <input type="checkbox"/> Other: _____ |                                               |                                       |

Details To renovate existing portion of building to put Apartments

**Special Exceptions:\*\*\***

- |                                                    |                                                           |                                                                           |
|----------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> Bed & Breakfast Operation | <input checked="" type="checkbox"/> Apartment/Condominium | <input type="checkbox"/> Two-family Dwelling                              |
| <input type="checkbox"/> Country Inn               | <input type="checkbox"/> Mobile Home Village              | <input type="checkbox"/> Contractor Home Occupation                       |
| <input type="checkbox"/> Temporary Saw Mill        | <input type="checkbox"/> Child Day Care Center            | <input type="checkbox"/> Commercial Vehicle/ Contractor Equipment Storage |
|                                                    | <input type="checkbox"/> Home Husbandry**                 |                                                                           |

**+Public Hearing Required**

\*Does the deed for this property contain restrictions on the proposed activity? no

\*\*Does the deed for this property contain restrictions on the keeping of animals? no

Start Date: 2/13/23 Completion Date: 8/14/23 or Reapplication Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

List previous zoning application numbers: \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_

Denied by \_\_\_\_\_ Date \_\_\_\_\_

FEE: 300.00 + \$60.00 State Fee = 360.00 DATE PAID 2/7/23 RECEIPT # 575043 7/1/18

check # 7219